THE

MEDICAL AND SURGICAL REPORTER.

No. 430.] PHILADELPHIA, MAY 27, 1865. [Vol. XII.—No. 33.

Original Department.

Communications.

DISEASES OF THE INTERNAL EAR.*

By Laurence Turnbull, M. D.,

Aural Surgeon to Howard Hospital.

(Continued from page 512.)

Acute Inflammation of the Facial Nerve within the Fallopian Canal.

Suddenly a cutting drawing pain is experienced, without previous ear affection, in the cheek and the ear of one side, increasing by pressure on the stylo-mastoid foramen, and accompanied with paralysis of the musles of the corresponding half of the face. Considerable febrile disturbance attends this affection from the very first day, and soon afterward, hardness of hearing and sounds in the ear make their appearance. If the disease is not checked, pain in the head, delirium or coma, and chills, and febrile paroxysms, set in, and finally, death. In more favorable cases, an abscess forms under the mastoid process, the opening of which and the exit of the pus exerts a beneficial influence, the pains in the ear and cheek, the paralysis of the face and the fever, the hardness of hearing and the sounds in the ear, depart, and the recovery of the patient takes place.

If the disease terminates in death, we find on dissection, the facial nerve, throughout its course, from the stylo-mastoid foramen outward, spongy, soft, and swollen, the auditory nerve softened to liquefaction; pus in the labyrinth, and in the root of the seventh and eighth nerves of hearing; a large quantity of serum between the membranes of the brain, the cerebrum softened; the membrana tympana and the meatus, on the contrary, in their natural condition. This last circumstance is the most valuable point in the diagnosis between the affection under consideration and acute and chronic inflammation of the labyrinth, attended, as the latter usually also are, with paralysis of the muscles of the side of the face corresponding to the affected ear; whilst this paralysis, in its turn, affords us the best means of distinguishing inflammation of the facial nerve from nervous otalgia. (See page 159.)

An "exaltation of the hearing" has been described as an especial characteristic symptom of inflammation of the facial nerve, and the consequent paralysis of the muscles of the face, and this phenomenon has been ascribed to a paralysis of the tensor tympani muscle, which is supplied by the facial with a nervous branch, (Landouzy, Longet.) If we consider, however, that in the case adduced as proof of this, the inflammatory process was only of short duration and moderate development, the ensuing paralysis of the facial nerve, on the contrary, of very long continance, and in no wise corresponding to the only sometimes accompanying "exaltation of hearing," and if also we consider that the same "exaltation of hearing" takes place in very many other diseases of the ear, we must believe this theory to be entirely unfounded.

Acute inflammation of the facial nerve is a very rare affection, and is only caused the violent effect of cold; for instance, washing the face, whilst covered with perspiration, in cold water, cold currents of air directed against the head, when greatly heated, etc.

The prognosis is doubtful, and through neglect of the patient or physician, the inflammation may extend to the brain and its membranes, and life be endangered.

The treatment must be strongly antiphlogistic; the necessity of bloodletting must be determined by the general symptoms, and whether the brain is involved. Otherwise, it is sufficient to apply a large number of leeches, which may even be repeated, to the neighborhood of the stylo-mastoid foramen, to rub gray mercurial ointment into the surrounding parts, and, on the occurrence of painful swelling behind the angle of the lower jaw, to apply hot emollient poultices of linseed meal, and to open as soon as possible with the bistoury, the abscess, on the slightest appearance of fluctuation.

If the inflammation communicates itself to the brain and its membranes, with the well-known symptoms, leeches and powerful purgatives, and ice-cold applications to the occiput, are necessary,

* From Kramer.

to prevent, if yet possible, exudations into the cavity of the skull.

If the inflammation is subdued, without, however, the paralysis of the muscles of the face being prevented, the inunction of pustulating ointment or iodine ointment is proper, in order to promote the absorption of the exudations in the Fallopian canal, and thus to remove the paralysis of the muscles of the face.

Nervous Hardness of Hearing and Deafness.

The term "Nervous Hardness of Hearing and Deafness," used as the name of a disease, raises, when considered in a scientific point of view, great doubts. It does not indicate the seat and nature of the affection, as is the case in other diseases of the ear, but only a symptom, which, moreover, is common to all ear diseases, (with the exception of those of the cartilage of the ear,) and which is, therefore destitute of any characteristic peculiarity. The attributive "nervous" does not change the case, because although it indicates the probable origin of the hardness of hearing from an affection of the acoustic nerve, it does not indicate in the least the nature of the affection. The weight of this circumstance is seen in the changes observed on dissection, in the auditory nerve and the surrounding parts. These are "filling of the labyrinth with ear-sand, accumulation of pigmentary matter, dark spots as if from effused blood, congestion in the vestibule, a straw color of the bony substances, the periosteum little reddened, a very abundant exolymph, an abnormally great secretion of crystals, a quantity of limewater; softening, hardening, atrophy, hypertrophy, and inflammation of the auditory nerve, and pressure of morbid growths in the course of its central portion; crystals of the carbonate of lime on evaporation of the exolymph, peculiar tallow-like bodies in the ampullæ; entire absence of the root filaments of the auditory nerve in the sixth ventricle of the brain," etc.

Toynbee, whose authority in these things Erhardt acknowledges exclusively, found in fifty-four ears (No. 74—793, of which, however, the No. 74—722 and 755—770 must be abstracted, because they refer not to the "inner ear," but the tympanum and the membrane of the round window,) "atrophy of the auditory nerve, thirteen times, and only in subjects between the ages of sixty and ninety years, defective formation and diseases of the membranous and bony semicircular canals, black pigment in the cochlea, narrowing in the scala cochleæ vestibuli, abnormally abundant ear-sand, once blood in the vestibule, once in the cochlea, and in both ears of the same individual, dark spots on the spiral membrane, (after a fall on the head which had happened many years previously, with ensuing deafness.)"

Now, although it may be very difficult and even impossible to show how many of these appearances which are seen on dissection, have produced hardness of hearing and deafness, yet we can admit the first of them as a cause, for the function of the auditory nerve must always be connected with its organization. For practical purposes, however, nothing is obtained hereby, for the attempt has never yet been made to diagnosticate any one of the enumerated changes in organization in the labyrinth, and still less to bring them into any causative relation with hardness of hearing or deafness. Concerning many of the subjects, nothing was known in regard to any previously existing functional disturbance during life, of the auditory nerve, so that these two most important points are here entirely unnoticed. It is therefore extraordinarily bold and premature to connect with the above few and very inadequate results of dissection a long list of morbid conditions of the labyrinth as causes of "nervous hardness of hearing and deafness," and for instance, not only to speak of "chronic inflammation of the nervous tunic" as "very frequent," but also to distinguish a subacute form, (rheumatic and catarrhal hyperæmia,) and a chronic form, (Erhard,) without giving any other diagnostic point than the "characteristic continual humming, without painful sensations," and the "pathognomonic symptom, that the secretion of cerumen is never normal when the conduction of the bones of the head is abolished," (concerning which, more hereafter.) If we add to these, "reflex deafness, hysterical deafness, plethoric and anæmic deafness," etc., and finally, "paralysis of the auditory nerve, or dynamical deafness," the question of the diagnosis of these supposed morbid conditions of the auditory nerve becomes more and more difficult.

It is evident that all cases of "nervous hardness of hearing and deafness" must exclude all simultaneous organic lesions of the external and middle ear, for such organic changes are always attended with hardness of hearing, and often in a very great degree, and acoustics has no means of determining whether these organic changes are altogether or only in part and in what degree the cause of the accompanying hardness of hearing or deafness.

Objective (optic-acoustic tactile) examination of the labyrinth is impossible, but practicable in a comprehensive manner for the outer and middle

ear. Its necessity for the diagnosis of "nervous hardness of hearing and deafness" has always been recognized, but very different ways have been instituted to effect this aim. The outer ear is explorable only with an ear speculum, and by clear sunlight. Many physicians of the present day, TOYNBEE and ERHARD being most conspicuous among them, believe that they can effect the examination of the middle ear with the Valsalvan experiment, although the proper performance of it depends on the patient, and in the most favorable cases only gives a very weak acoustic impression of the shortest duration, which, at the most, informs us only as to the open condition of the tube, and gives us no information as regards free and interstitial exudation in the middle ear. Whoever, therefore, relies on exploration of the middle ear by the Valsalvan experiment—or, as ERHARD likes to express it, "on Valsalva,"—to arrive at a negative-objective diagnosis of "nervous deafness," founds his diagnosis on something entirely unreliable. Those who shared this opinion with me, endeavored, by catheterising the tube, and at the same time blowing through, to obtain a knowledge of the condition of the middle ear, but it did not come up to what was necessary, because only catheters of medium size (No. 3, see page 51,) were used, which could not give any information concerning free exudation, and the higher grades of interstitial exudation. It thus came to pass that, even when this means of diagnosis was made use of, the middle ear appeared often remarkably free from organic change, and in these cases (fifty per cent. of the whole number of cases of ear diseases) the diagnosis "nervous hardness of hearing and deafness" was formed. This error could only be recognized by the use of catheters of various calibre, (see page 51,) of the diagnostic tube, (see page 56,) and of the catgut, (see page 55,) and a tolerable knowledge obtained of the slightest changes in nutrition and secretion, and the resulting changes in regard to space in the middle ear. (See pages 127, 131, 140, 150.) By this means, the number of hard-hearing persons, whose outer and middle ear are shown in this objective manner to be free from organic change, and in whom, therefore, we must suppose an affection of the internal ear to exist, is reduced to a minimum, (4 : 1000, see table page 39.) Whether this affection has its seat in the peripheric or central portion of the auditory nerve, or both, is only to be conjectured with more or less probability, from the absence or presence of brain symptoms.

Erhard and Bonnafont, have given the preference over this objective, and therefore perfectly reliable, even though negative, diagnosis of "nervous hardness of hearing and deafness," to a so-called functional, subjective, and therefore in a high degree unreliable, and at the same time merely negative diagnosis.

According to Erhard then, the common physiologico-pathological symptom of all nervous hardness of hearing is a lessened conduction (of sound) by the bones of the head varying in degree, so that a cylinder-watch is never heard, a case watch only seldom, and then only weakly. Thus is the existence or non-existence of the most serious affections of the ear made dependent on the observation, certainly seldom free from error on the part of the patient of the audibleness of certain watch works. The uncertainty whether a case-watch (!) is present, and whether it really is heard very weakly, is further increased by the declaration that "the sound-conducting power of the bones of the head is lessened with the age, and also by a thick diploe, a thick scalp, and soft parts," that, finally "those persons only can be determined to be affected with nervous hardness of hearing, in whom the conducting power of the bones of the head is deficient, and who are under forty years of age," and that even "in young persons who are hard of hearing, it can be assumed that their hardness of hearing is nervous only in those cases in which the cylinder watch cannot be heard from the bones of the head."

How young then must these "young indiriduals" be, seeing that the 40th year is assigned as the limit at which nervous hardness of hearing is recognized? and how is the character of hardness of hearing occurring in persons over forty years of age to be determined? How are we to know whether or not the "diploe is too thick," "the scalp and the soft parts too thick" in order that we may not consider the not hearing a cylinder or case-watch as a sign of "nervous hardness of hearing?" How is it too, with this "functional diagnosis" when "persons who are considered as nervous-deaf may also be at the same time acoustic deaf?" Questions to which ERHARD could with difficulty satisfactorily answer, but which demonstrate that any one must have a very limited intelligence, who, in view of these objections, and with all the limitations which ERHARD assigns to the diagnostic importance of impaired bony conduction of sound, should persist in considering the latter as the "common physiologico-pathological symptom of nervous hardness of hearing."

BONNAFONT is still better satisfied with his means of diagnosis, for he believes, and takes credit to himself for having made a new and great diagnostic discovery, "that the sensibility

of the auditory nerve must be perfectly normal, si la montre est entendue sur toutes les parties du crane," if the watch is heard on all parts of the cranium, and "when the watch is heard only at the mastoid and zygomatic processes the hardness of hearing is still curable; if the watch is heard nowhere on the skull, but if the tuning-fork (as of the third octave) is heard 5 centimetres from the ear, or at least at any point of the skull to which it may be applied, we may consider the curability of the hardness of hearing as very doubtful; finally, if the customary tuning-fork is heard only a short distance from the ear or when applied to the skull, the incurability of the functional disturbance of the ear cannot be doubted."

Here again the signal misfortune presents itself that the patients themselves must determine whether they hear or do not hear the "watch or tuning fork" in one or the other position and contact with the skull; a distinction which very many uneducated, embarrassed, very young or old or timid patients could not make with reliability. It is, indeed, no easy matter for hard-hearing persons of this sort to distinguish whether they hear the vibrations of the tuning-fork, or only feel them through the bones of the head. Finally, the audibleness of the works of a watch is, owing to their difference in strength, very variable, so that, according to Bonnafont's principle, one may at one's pleasure make frequently or unfrequently the diagnosis of nervous hardness of hearing by using watches with very weak or very strong works. My weakest watch which is normally heard at the distance of twenty-one inches, thousands of my patients of the most varied kinds have been unable to hear when applied to the bones of the head, and these it would, therefore, according to Bonnafont, have been necessary to consider as nervous-hard-of-hearing, and yet they could hear my strongest watch, of which the normal hearing distance is forty feet, with perfect distinctness when applied to any point of the skull, and therefore according to Bonnafont they could not be called nervous-hard-of-hearing.

It cannot therefore be denied,

1st. That the morbid alterations of the auditory nerve, and the liquid and solid neighboring parts which have been as yet observed, are in their relation to disturbance of the function of the auditory nerve (nervous hardness of hearing) entirely unexplored.

2d. That there is no positive diagnostic means of recognizing during life any one of the organic changes of the auditory nerve, or of the liquid or solid neighboring parts (except in the case of a carious condition of the petrous portion of the temporal bone,) although indeed we must acknowledge that the objective exploration of the external and middle ear, will determine the absence or presence of organic changes in these parts, and in the former case we are authorized to believe that the hardness of hearing and deafness are nervous.

3d. That it is entirely impossible to diagnosticate with any degree of precision a morbid condition of the inner ear, when at the same time there are present organic changes in the external and middle ear, but that,

4th. It is only in cases where the power of hearing is entirely lost or wanting, that we can have the certainty, and that too without any local examination of the affected ear, that the deafness is nervous, because there exists no morbid alteration of organization of the ear, which will prevent the access of sound to the auditory nerve. Therefore if total loss of hearing be present, the auditory nerve must have lost its sensibility to sound, let the organic condition of the ear be what it may. Notwithstanding therefore the very varied modifications of diminished vital action of the auditory nerve (nervous hardness of hearing) which may come under our notice, we may consider them, as far as diagnosis is concerned, as not existing, for diagnosis goes no further than the discernment of one morbid condition of the internal ear, that is, nervous deafness, impairment of the functional life of the auditory nerve, without regard to the anatomico-pathological occasion of it.

If then we do not wish to lose ourselves in untenable hypotheses, we must leave undescribed for the present the commencement, symptoms, course, prognosis and treatment of nervous hardness of hearing, as a transition stage to nervous deafness which is not understood, and not accessible to our means of diagnosis.

Nervous deafness but seldom arises as a gradual development of hardness of hearing, but frequently from sudden concussions of the whole body, or of the head alone, by a fall from a considerable height on the feet, the seat, the back, the chin or the head itself; by blows on the latter or on the ears; by violent explosions of artillery in close proximity, apoplexy, or as the result of severe life-endangering febrile affections, or finally, by the effect of taking cold in the ear. It cannot be decided whether one ear alone, without caries of the petrous portion of the temporal bone, can be entirely destitute of hearing and nervous-deaf, for we have no means of excluding strong diagnostic sounds from the other ear, and weak sounds cannot decide the point whether the power of hearing is lost or not.

The symptomatology of nervous deafness is very simple; the patients hear nothing, but they can feel strong vibrations in the air, and on the ground, on which they sit, lie, or walk. Most all these patients suffer from strong, constant and variously modified ear sounds, and furnish a really striking proof that they do not proceed from a morbid condition of the auditory nerve, which is in this case functionally, entirely destroyed.

Peripheric nervous deafness is entirely free from brain symptoms, with the exception of a greater or less degree of swimming of the head; whilst these (continued headache, loss of memory, paralysis of the optic nerve, and of the muscles of the cheek corresponding to the deaf ear,) characterize the generally gradual development of central nervous deafness, caused by pressure and laceration, by morbid growths of various kinds on that part of the auditory nerve contained within the cranial cavity.

The prognosis for both forms is in the highest degree unfavorable, provided indeed that we do not confound, as so often happens, a high degree of hardness of hearing with real deafness. As far as my knowledge goes, a case of this kind has never been known to be cured or materially benefitted. Central deafnesses, caused by effusion of blood or serum in the base of the brain, might be benefitted or cured, if seen in an early stage, for its absorption is not an impossibility. As we know of no special remedies for nervous deafness, its treatment can only be founded on general principles. If the deafness follows such concussions or fevers as have been mentioned, there is reason to believe in the existence of local plethora, and considerable organic change in the substance of the auditory nerve, or in its neighborhood, so that we are justified in using general and local remedies for the purpose of producing absorption; but I will mention no details, for as I have said, no case is known in which they have exerted a favorable influence. With such small expectation of success it is not advisable to torment the patient with very painful or weakening remedies (setons, moxas, large issues, powerful abstracting remedies, etc.) Still less proper is the assumption that the nervous deafness is caused by pure nervous weakness, and the consequent application of so-called vivifying remedies, among which electricity in its varied forms of "constant and induced currents" assumes the greatest importance, although its utility has not been established. All it is good for, is to furnish a rich field to quacks.

ON THE TREATMENT OF GONORRHŒA.

[Under the title of *Folia volitantes*, a correspondent who chooses to adopt the pseudonym of "S. GERMANICUS," sends us the following communication on the treatment of Gonorrhœa. In a rather quaint but pleasing style, the writer presents some important ideas on the subject.—ED. MED. AND SURG. REP.]

Having had charge of the syphilitic ward in one of our large military hospitals, I will give to those whom it may concern, my experience, however insignificant it may be. The great trouble in attending to this peculiar kind of disease in the army is the careless manner used by some of the young surgeons in examining the penis. Sometimes the penitent member looks frightfully dirty, but nevertheless it should be taken in the hand of the surgeon, to be examined properly. A great number of surgeons think it filthy to touch a penis in its pitying calamity, and allow the owner of it to exhibit it himself to their inspection. In my younger days I profited very much in beholding such an examination performed on a priapus by a prostitute. Taking the penis in her hand she received, by a kind of *peristaltic* manipulation, the assurance of the absence of gonorrhœa, which was strengthened by opening the lips of the os urethræ; after retracting the præputium she examined in the same careful manner the sulcus retroglandularis and every plica frenuli: verily I bowed to her superior knowledge. There are many well recommended injections, and yet by bad execution thereof, no earthly benefit is derived. The prescription closes. "Fiat injectio;" and that is all the patient knows about it too; but *how* to inject? The cives academici, yea, even the filii Hipprocratis are not exempt of being smitten with that plague, and some of them know by experience how difficult it is to inject, and how often the modus operandi is wrong.

In most cases of gonorrhœa an injection, consisting of the following, will prove very beneficial:

℞. Zinci sulph.
Plumbi acet., āā ℈j.
Aquæ, f.℥ iv. M.

This injection consists of acetate of zinc dissolved, and sulphate of lead as precipitate. As the membrana mucosa urethræ is thickened, velvet like in inflammation, a medicated præcipitate allowed to remain in it, and to contain the acetate of zinc, will benefit it surely. To effect this the syringe should be made either of tin or of vulcanized rubber, the common glass syringes are too rudely manufactured. Pull the piston out of the cylinder, and after agitating the vial containing the

injection, load the cylinder, put the piston in and fasten the screw. To draw the fluid into the syringe is wrong; it leaves air in the syringe, which is certainly not of any use in the urethra. The patient stands behind the surgeon's back a little to the left, the surgeon seizes with his left hand (the dorsum of it toward the patient's belly) from up downward the præputium freed penis between his middle and gold finger behind the corona glandis, his thumb and index are thus free to open the os urethræ, and so adjust it to the muzzle of the syringe. The injection to the amount of f.ʒiss, or f.ʒij is then easily injected, and the penis held firmly without any squeezing for two or three minutes, to allow the precipitate to adhere to the membrana mucosa, then allowed slowly to drop out. After an injection the patient has always a disposition to contract his musculus bulbo-cavernosus, because he feels a desire as if to expel some drops of urine left in the urethra. All these contractions of muscles should not be allowed. Of course the patient has to urinate before injection. The painful erections, chordee and painful urinating is speedily relieved by tartar emetic, gr. iv, aquæ f.ʒvj. A table spoonful to be taken every two hours.

The men crowded together in tents or barracks have no opportunity to wash their genital organs, so balanitis, and herpes præputialis occur among them to a great extent. The result is that their glans gets so tender that a sexual intercourse ruptures the thin skin, and their uncleanliness, together with the rancid sebum preputiale makes the worst looking ulcers, called by many a surgeon (horribile dictu!) chancres, and are unmercifully cauterized. I saw horrible looking sores, especially in colored patients; one of a sergeant in a colored regiment had all the integuments burned off, by his surgeon pouring out a bottle of nitric acid over the prone penis, in the presence and to the infinite delight of some of the officers.

In such cases scrupulous cleanliness and a weak solution of tannic acid or acetate of lead make the best remedy. I never applied, nor will apply caustics on an ulcer of the penis. If a patient with snake-bite should apply to a surgeon after a week, and this surgeon should use the actual or any other cautery on the bite, it would be considered insanity. Some of the students, always ready to investigate, may apply nitrate of silver to their own membrum virile, and leaving the burned surface to the action of the smega for three to four days undisturbed, and then consulting a surgeon, will run the risk of having the sore pronounced a chancre, and will have it cauterized. O tempora scientiæ!

Unnecessary pain inflicted on a man because he has this disease, and is a soldier, is to be condemned as strongly as possible. I once received orders to amputate and exarticulate three fingers of a man of the 209th regiment Pennsylvania Volunteers, he having cut these fingers himself with an axe, his regiment being ordered to the rifle pits. The operation was to be made without chloroform. I chloroformed the fellow, because the surgeon is not judge and hangman, and in that capacity a surgeon acts when putting a man in pain just for fun.

I strongly warn the reader against using iodide of potassium, a villainous stomach functions destroying preparation, which only benefits in periostitis circumcripta or nodi, and then seldom acts unless accompanied by mercury. But this is the great panacea with many. I never use it though, till I see the roseola. Wishing that these lines may benefit the doctor and the patient, I hope to see Bumstead's work in every office, as the only one with sense in it.

Hospital Reports.

Pennsylvania Hospital,
April, 1865.

Medical Clinic by Dr. J. M. Da Costa.

Reported by C. R. Morgan, Medical Student.

Chronic Bronchitis, with Chronic Diarrhœa.

G. W. F., æt. 24, admitted on the 27th. An engineer by occupation, a native of South Carolina, had always enjoyed excellent health up to his present sickness, which he attributes to not having had sufficient food to eat. He was taken with diarrhœa on the third of March, and has had as many as twenty-five passages a day. Of course he is very much emaciated from these frequent discharges, he has now eight passagesdaily, the stools having a bright yellow hue, and are of a very fluid consistence.

Let us now investigate the other symptoms of the case. The tongue is dry, as dry as it well can be, it is crossed by fissures. The skin is hot, the pulse is 120 and feeble, the cardiac impulse is feeble; slight cough; he has a rough murmur in both lungs, a few course rales, which are chiefly viewed posteriorly, but on percussion, his lungs are found to be everywhere resonant; his nails are curved. There is no pain on pressure over the abdomen; the abdomen is full. This then is evidently a case of protracted diarrhœa. The disease did not commence with passages of blood. It began as a case of ordinary looseness of the

bowels, and there is no reason to believe that it ever was a case of dysentery.

We have also distinct evidence of bronchitis associated with the intestinal disorder. Now, in investigating the case, can we fix with accuracy upon the portion of the intestine that is diseased? I think that the affection is confined to no single portion, and especially not, to the lower portion of the intestines; if it were we should have more signs of dysentery.

Look at the peculiar coated state of his tongue. I think it very likely that portions of his intestines are in a similar condition.

We may often gain some knowledge of the state of the intestines from the appearance of the tongue: and it is working in the right direction to endeavor to fix more closely than is commonly done, what is the exact state of the mucus membrane of the intestine in cases of disease. In this instance, if the intestinal membrane is not very different from the covering of the tongue, which is a dense dry epithelium, we may infer that the epithelium is not cast off as freely as it should be.

Now, how shall we treat this patient? In the first place we shall have to build up his strength thoroughly—as he has been for a long time much depressed, we are giving him a nourishing diet, and a moderate amount of stimulus, in the shape of m lk punch. And as we watch to check the discharges and promote a healthier secretion from the intestine, we administer a grain of ipecac. three times daily, joined with three grains of Dover's powder, with ten grains of subnitrate of bismuth. We also insist upon his being kept in a strictly recumbent position.

The patient was exhibited to the class about two weeks subsequently, fully convalescent. He had gained flesh and strength, and had but one passage daily. The tongue had recovered its healthy appearance.

PHILADELPHIA HOSPITAL,
December, 1864.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by Wm. H. Ford, M. D., Resident Physician.

Entropion.

S. M., æt. 33, has been suffering with sore eyes for nearly three years. Upon examination, we find the corneæ slightly opaque or hazy, with numerous blood-vessels traversing their surfaces; the blood-vessels over the sclerotica are enlarged and engorged; there is great photophobia; when the eye is exposed to the light, sneezing is produced from sympathetic nervous irritation of the Schneiderian membrane; the edges of the eyelids are red and congested. This is a case of extensive ophthalmia, protracted, if not produced, by a mal-direction of the eyelids, called entropion. The eyelids are inverted, so that the cilia are turned in upon the eye, producing constant irritation.

Treatment. No treatment for the ophthalmia will succeed, unless the entropion first be cured. This is done by an operation, which consists in removing a small portion of the skin and subcutaneous cellular tissue, and a few fibres of the orbicularis palpebrarum muscle. These tissues are secured by a pair of curved forceps, and cut off by a bistoury, or a pair of scissors. The lower boundary should be close to the free edge of the tarsal cartilage. The wound is approximated by three silk sutures, (the first one being inverted in the middle of the wound). The silk suture is preferred, as in the application of wire we are apt to twist the skin, which is loosely connected with the subjacent tissues. Cold water dressing will be applicable. In two or three days the sutures will be removed. The reason why this operation sometime fails is, because the skin is removed from the middle of the eyelid, and does not affect the tarsal cartilage. The lower margin of the incision should be made close to the edge of the tarsal cartilage. In a healthy condition of the palpebræ the free margins of the lids are always to be seen; and, when they are concealed, though the eyelashes are not inverted, the case is one of entropion, and should be operated upon.

Fibrous Degeneration of the Glands of the Groin: their Removal.

T. W., æt. 67. This patient has inguinal hernia of the right side, and a tumor in the left groin, about the size of an ordinary orange, the nature of which we will endeavor to determine. His health is good. He has had no venereal disease. About eleven months ago, a small hard lump in the groin first attracted his attention; since then it has gradually increased in size. It is situated in the groin, just below the middle of Poupart's ligament, and is very dense and resisting. There is no discoloration, or preternatural heat of the skin.

There are several affections which occupy this region; as hernia, abscess, aneurism, carcinoma, and fibrous degeneration of the lymphatic glands, and hence a scrupulous examination will be necessary to arrive at a correct diagnosis. This we will attempt by exclusion.

It is not inguinal hernia, because the tumor is situated below Poupart's ligament. It is too externally situated to be femoral hernia; and be-

sides it is very hard, and receives no impulse from the forcing down of the intestines by the diaphragm and abdominal muscles during coughing; and it cannot be changed as to its bulk. A hernial tumor is soft, elastic, receives an impulse during coughing, and may generally be diminished in size by manipulation. Although it has the position of a lumbar abscess, it has not its prominent symptoms. There i no disease of the spine, no fluctuation, no change in the tumor when the patient coughs or lies down, and no change of the limb as to position; and all, or most of these, are present when there is a psoas abscess pointing in the groin.

This tumor cannot be an aneurism, as there is neither pulsatile impulse, nor pulsating sound; and moreover, pressure upon the iliac artery does not alter the size of the tumor. In the groin, there are situated a number of lymphatic glands, and the affection under consideration is a disease of one or several of these glands. It may be the result of syphilis, or carcinomatous disease, or of fibrous degeneration. The patient has had no syphilitic disease, and there is no evidence of cancerous cachexia. We may infer that this tumor is the result of fibrous degeneration of one or more of the lymphatic ganglia of the groin, deep-seated,—extending down in contact with the femoral vessels, upon which it exerts pressure,—producing this œdema of the whole extremity, and this density of the skin.

Though it is not malignant, it is increasing in size, and has already exerted sufficient pressure upon the blood-vessels to prevent the proper circulation of the blood; and it will, in time, obliterate the femoral artery, in which there is now very little pulsation. It is therefore expedient to remove it, and the greatest care must be observed in the operation, as the tumor is in close proximity to important vessels and nerves.

Operation. A perpendicular incision is made over the centre of the tumor, and the skin is carefully dissected from its superior surface. Then by a process of enucleation, by means of the fingers and groove-director, or blunt instrument, the tumor is loosened from the base, (only its firmest connections requiring the knife). The parts were approximated with five silver wire sutures, and a compress was applied, retained by the spica of the groin.

Pathological Anatomy of the Tumor. The tumor consists of several lymphatic glands, which have undergone fibrous degeneration. It is hard, tough, and inelastic, and grates under the knife. It is comparatively destitute of blood-vessels. Under the microscope, it presents numerous nucleated cells, mostly of a rounded or ovoidal form.

Partial Anchylosis of the Knee-Joint.

A. R., æt. 40. Admitted Dec. 2d, 1864. This patient has had an affection of the left knee, which has resulted in partial anchylosis. The leg is firmly flexed, and it is important to determine upon what this flexion depends. It is due either to contraction of the hamstring muscles or to false bands within the joint. To determine which of these it is, we will etherize the patient. Under the influence of ether, the muscles become relaxed, and yet the deformity exists; hence, it depends upon ligamentous bands within the joint, the product of articular rheumatism.

Treatment. Forced flexion, by which the bands are broken up, and passive motion, daily exercised for some time afterward. The limb must be kept extended. If any inflammation should arise, a lotion of leadwater and laudanum may be applied to the joint.

Artificial Pupil.

R. G., æt. 60, lost her sight by severe ophthalmia. The cornea of one eye is wholly opaque, so as to obscure every ray of light. In the other eye, the upper part of the cornea is tolerably clear, but the pupil is obliterated, and there is only a slight perception of light. The sight of this eye may be, in a measure, restored by making an artificial pupil.

Though the iris is a highly vascular, muscular organ, and is well supplied with nerves, it may be meddled with without any violent symptoms. The central aperture in it is the pupil, and when this becomes obliterated, vision is lost. In operating for artificial pupil, we select the clearest portion of the cornea, and make the pupil opposite it. If the retractile power of the iris has been destroyed by a deposit of lymph, it may be difficult to make an opening in it.

Operation. The lids being held apart in the usual way, an incision is made in the cornea, near its junction with the sclerotica, by a very delicate knife; a hook is introduced through the puncture, and secured to the iris opposite the clear spot in the cornea, and a part of it is drawn out and snipped off by a pair of curved scissors. The eye is then closed with a strip of adhesive plaster. The patient will be put to bed, and an opiate administered. A solution of atropia, (three grains to the ounce of distilled water,) will be dropped in the eye twice daily, to produce enlargement of the new pupil, if possible.

Inflammation of the Bursæ about the Shoulder-Joint.

B. C., æt. 45. Two weeks ago this patient fell

into a cellar—a distance of nine feet—and injured his shoulder. The arm is capable of being flexed and extended, though it can be raised only slightly from the patient's side. There may be a fracture of the humerus, or a dislocation; but, from its natural position and appearance, we infer that there is no luxation. The arm can be elevated to a certain extent, and there is no crepitation, nor angular displacement; therefore, there is no fracture. By rotating the arm, while the fingers are held over the shoulder-joint, some crepitation is felt, but it exists all over the joint, and is not localized; moreover, it is moist, and not like the hard, localized crepitus of fracture. It is due to synovitis of the bursæ of the tendons overlying the joint, viz., those of the supra and infra spinati, teres, and subscapularis muscles.

The inability to raise the arm is due to paralysis of the deltoid muscle, from injury to the circumflex nerve that supplies it.

Treatment. The treatment consists in covering the whole shoulder with a blister, followed, in a few days, by the local application of the tincture of iodine. The arm must be carried in a sling, and passive motion will be occasionally made. A certain amount of motion is necessary to prevent anchylosis.

Anthrax.

C. D., æt. 55, has an open ulcer on the back, of a livid color, and extending three or four inches in each direction, presenting a cribriform appearance, and having a grey, pultaceous slough in the centre. It differs from a boil inasmuch as that in a boil the inflammation is followed by an effusion of lymph, softening of the centre, and the formation of pus, and there is a wall surrounding it, limiting the process; while, in a carbuncle, there is death of the cellular tissue, with the formation of little pus, sloughing, and the formation of a deep ulcer, which heals by granuations.

Anthrax usually occurs in intemperate persons, beyond middle age. It is supposed to be due to some defect of nutrition. It generally commences as a papula, accompanied with itching, a sense of tension, and some tumefaction. Its most common seat is upon the back and neck, (being more serious the nearer it is to the head.) When on the head of the aged and debilitated there is danger of a fatal termination.

Treatment. The treatment is both local and constitutional. Locally, it has long been the settled practice to lay open the part, and cauterize with caustic potassa, Vienna paste, nitric acid, bromine, etc. It has recently been urged that incisions are useless, and that the disorder is best cured by leaving it to nature, assisted by constitutional treatment and poultices of yeast. Both plans have been tried, by Dr. AGNEW, and, as far as the experiment goes, with about an equal result. The old plan will be followed in this case.

The parts were freely laid open by a number of radiating incisions, and thoroughly cauterized with caustic potassa, which was worked into the sound tissue. Ether was administered before the operation, which was very painful. The excess of alkali was neutralized by lint saturated with olive oil; and the parts were dressed with an emolient poultice.

After the separation of the slough, stimulating ointments, such as ceratum resiniæ, will be applied. Tonics and good nutritious diet will be employed.

Dec. 31st. This patient was exhibited in a greatly improved condition. There now remains a healthy granulating surface, which is rapidly cicatrizing about its circumference.

EDITORIAL DEPARTMENT.

Periscope.

Action of Alcohol.

The *Chem. News* says, M. PERRIN has experimented on the influence of alcoholic drinks taken in moderate quantities on nutrition. He found that less carbonic acid was exhaled from the lungs when wine was taken. His estimations of urea showed nothing particular. He believes with Dr. SMITH and others, that alcohol is not assimilated, but it affects nutrition by lessening the expenditure of material.

Cysticercus Cellulosæ.

In the *Berlin Klin. Woch.*, Dr. BOHM details a case of cysticercus cellulosæ removed from beneath the conjunctiva. The tumor, of about the size of a bean, was situated at the inner angle of the conjunctiva. It had been growing for some months, and without pain; and had been several times punctured, but always filled again. The patient sought relief chiefly because he could not close his eyelids. In the tumor, when removed, was found a cysticercus. The patient had never suffered from any signs of tapeworm; nor did a dose of kousso expel any pieces of worm from the bowels.

Treatment of Itch.

To the thousand remedies for the treatment of itch, each said to be more valuable than its predecessor, M Metzel, of the Austrian army, adds another, which, he says, possesses the advantage, while it cures the affection as rapidly as any

known means, never to induce consecutive eczema, which so often retards the cure. He terms his remedy phosphorized olive oil, and prepares it by boiling in a bottle closed by a bladder two drachms of phosphorus with a pound of olive oil. This is then allowed to cool, and the oil is decanted from any of the phosphorus which remains undissolved, great care being needed to prevent any of the undissolved phosphorus accompanying the oil, as it would irritate the skin.—*Med. Times and Gazette.*

Results of the Surgical Treatment of Cancer.

At a recent lecture by T. Spencer Wells, the question so frequently asked, "Should Cancer be removed?" was answered in the following manner:

During the last four years a marked change has been taking place, and the professional mind is still in a state of transition. The transudation hypothesis is falling before the cellular theory. The belief that cancer is always a disease of the blood is severely shaken by the vigorous attacks of Virchow, and the positive and visible demonstration which he affords of the local origin of morbid growths, and the secondary contamination of neighboring parts of the blood by extension and by absorption of the products of local disease. He has gone very far towards proving that the cells of the connective tissue (commonly known as cellular or areolar tissue) are the ovules of cancerous growths, as they are of all the new cellular productions. We are still ignorant of the nature of the peculiar change or irritation which, in the first instance, alters a connective tissue cell into a cancer cell; but when once this change has taken place, and the altered cells begin to grow and multiply by division, we have clearly a focus both of local and general contamination—local, by imbibition of the fluid formed by the diseased cells into the healthy cells of adjacent tissues; and generally by absorption or transudation of the morbid products through the lymphatics and veins. Thus, the harder the tumour, the less likely to spread; the softer, the more likely both to spread locally and to contaminate the blood. The direct and necessary practical deduction for the surgeon from these views is, that all malignant growths should be removed in their earliest possible stage—as soon, in fact, as their nature is ascertained: and to this rule, surgeons seem to be partially, though perhaps unconsciously, returning.—*Med. Times and Gazette.*

Bromide of Potassium in Epilepsy.

The *British Medical Journal* remarks that this salt, as a remedy in epilepsy, has been tried by M. Moreau, in the Salpêtrière. Of the 300 or 400 epileptics in that hospital, the youngest patients, and those most recently affected, were chosen for the trial. The treatment was continued for three months, and the dose gradually increased from the first to the sixth week, from half a *centigramme* to three *grammes* in the twenty-four hours. After the sixth week, the three *grammes* were continued up to the end of the treatment. The result of the treatment in fifteen patients was, that in the first category of patients the bromide-salt produced neither good nor harm, the epileptic fits continuing as before. In the second category, the fits were more numerous after, than they were before the treatment. The conclusion, therefore, is that the bromide is completely inefficacious in confirmed epilepsy.

Typhus Fever.

In the *Lancet* Dr. Gairdner remarks upon the causes of this disease that as many cases as possible should be left to their natural course, unaffected either by drugs or stimulants, and that he is convinced of the safety and expediency of leaving many cases of typhus to take their *normal* course; he further believes the normal course may be very easily altered for the worse by what is called treatment; and in particular, as regards the period of the crisis, that the habitual or constant exhibition of drugs and stimulants has a great tendency to mask the disease, to disturb or to retard the crisis, and by so doing to increase the mortality. He is satisfied that there are many practitioners who scarcely ever see a normal case of typhus, owing to their perpetual and systematic interference by drugs and stimulants; and it is even a question with me if the written descriptions of previous epidemics have not been largely vitiated by this cause, the disease being to some extent, as it were, disguised or perverted from its natural and favorable course by the treatment.

There are, however, one or two further precautions that must be taken before you can hope, I do not say to avoid disturbing the crisis in typhus fever, but to avoid killing your patients outright, or rather letting them die of sheer neglect. You must feed your patients, and you must feed them chiefly on milk. Milk or buttermilk is with me the staple food in typhus; and I will even say that I know no other food that can be depended on. Yet I see, and always see with a new surprise, descriptions of the treatment and dietetics of fever in which not a word is said about milk, and a great deal about beef-tea, wine, whiskey, brandy, and all manner of things supposed to be more strengthening or stimulating than milk diet. Now, I tell you frankly that treating fever patients without plenty of milk is a thing that I do not understand at all; for I suppose I have not treated a single case of fever of any kind for the last fifteen years (I cannot make precise statements beyond that date) without milk, and I always proceed on the understanding that milk in fever is the one thing needful as diet—always to be given, and given liberally, whether specially ordered or not. To give wine, whiskey, and beef-tea, while withholding milk, is simply, in my opinion, to destroy your patient; and the more wine or whiskey you give, while withholding milk, the more sure you will be to destroy your patient soon, because you are thereby superseding the natural appetite (or what remains of it) for a nourishing and wholesome diet, by a diet—if it can be so called, which poisons the blood and checks the secretions, and alters for the worse the whole tone of the nervous system and of the digestion and assimilation. I believe that infinite mischief has

been done in typhus fever, and in all fevers, by giving wine, and by withholding or not giving milk. Under a false theory of administering alcoholic food, it has resulted, not that only natural and genuine food has been withheld, but that the small remaining amount of appetite for such food has been obliterated, and not unfrequently, even at an early stage of the disease, the patient has been practically disabled from taking any proper nourishment at all.

Action of Iodine and Iodide of Potassium on the Nervous System.

The *Brit. Med. Jour.* states that Dr. M. Benedikt, having observed that the injection of tincture of iodine suddenly produced paralysis of respiration and circulation, has been led to investigate the action of iodine on the nervous system. His experiments, seventy in number, have been made on frogs. The solution of iodide of potassium used contained one part in four of water; the tincture of iodine had a strength of one part to three or six. He has found that iodine and iodide of potassium, especially the latter, immediately affect respiration; that sensation is diminished, and finally disappears; that the heart is paralyzed more quickly by iodine than by iodide of potassium; and that muscular contractility is lost sooner than that of the heart when small doses are employed. The application of iodine or of iodide of potassium to the central extremity of the spinal cord arrests respiration, circulation, and muscular contractility much more rapidly than when the poison is introduced into the circulation. The symptoms of poisoning are more slow in appearing when the poison is applied to the peripheric extremity of the cord. Introduced into the circulatory current, iodine and iodide of potassium attack the central extremity of the cord, and excite or paralyze the organs of respiration and circulation, and the sensory and motor nerve-fibres."

The Black Troops of the British Army and Consumption.

There are some thousands of black troops in the service of the Crown. In Ceylon the mortality is much lower among the native than among the white troops; but in the West Indies, where also there are both black and white, it is very decidedly otherwise. The *Brit. Med. Jour.* remarks that in Jamaica the mortality among the black troops was 30.25 per 1000 of mean strength; among the white troops only 12.81. Mr. O'Flaherty, the principal medical officer in that command, remarks that the black soldier to outward view is apparently strong and muscular, but when sick he has comparatively little power of resisting or sustaining disease, and fatal cases of consumption are seldom protracted to the advanced stages commonly observed among European soldiers. It must be borne in mind that the black recruit undergoes a very trying change, on enlisting, from almost complete idleness and a semi-savage state of existence to a life of order, regularity, and continued exertion in learning his work during the first two years; the white corps bring no soldiers in the recruit stage. In Jamaica, also, the black troops have much heavier duty than the white, and have been provided with only two meals a day, at 8 A. M. and at noon, leaving them for nearly twenty hours without any regularly provided sustenance; but the medical officer had recommended the addition of an evening meal." The liability of the black troops to consumption is remarkable, also, in the returns for West Africa. At the Gambia, the deaths from consumption and diseases of the lungs, in the four years, 1859–62, were as many as 17.64 per 1000 *per annum*. The mortality from all causes in the year 1862 exceeded 28 per 1000 at Sierra Leone, the Gold Coast, and Lagos; there are no European troops there to allow of a comparison of mortality.

Slitting the Cervix, in Dysmenorrhea.

T. P., in a communication to the *Cincinnati Lancet*, says that in a letter received by him, a few days since, from Dr. George K. Kidd, Editor of the *Dublin Quarterly*, and one of the Physicians to the Coombe Lying-In Hospital, the following passage occurs:

"You speak of Churchill being opposed to slitting the cervix in cases of dysmenorrhea. I think I have converted him from this by curing a lady that he had been treating for months, without effect and relief, with sea-tangle. I have no doubt slitting is the only effectual cure in many cases: dilating with tents is utterly useless, as the os closes again in a very few days."

T. P. adds, "immediately after my visit to that city I spent some little time in Edinburg, and there had a more favorable opportunity of studying the value of the operation referred to. Professor Simpson, a man not less remarkable for genius than for industry, probably, and justly the highest living authority in Diseases of Women, who was the first to perform the operation—now more than twenty years ago—still adheres to it. In what he terms 'Obstructive' dysmenorrhea—most authors, however, use 'Mechanical'—the consequence of narrowing some portion of the cervical canal, generally at the *os externum*, and where as one of the consequences there has been sterility, the results of incision have been quite satisfactory. The operation is easily and quickly done with his *hysterotome;* the hæmorrhage is but little unless the incision is very free in the superior portion of the neck, and even when likely to be severe, can be readily controled with per-chloride of iron, and, if necessary, the tampon. In one of the cases operated on—the lady not only walked to the Home, but also walked away, the discomfort and hæmorrhage were so slight."

Anæsthesia by Chemically Pure Ether.

MM. Regnauld and Advian, pharmaceutists, (*Rev de Thérap. Méd. Chir.*) laid before the Imperial Academy of Medicine, Dec. 27, 1864, a work on the method of obtaining chemically pure sulphuric acid. M. Gosselin stated that at the request of MM. R. and A., he had tried their pure sulphuric ether, and found its effects far more rapid and certain than that of ordinary ether, and that the period of excitement did not occur. Four to eight minutes sufficed for the production of complete anæsthesia, and as death had been produced in a certain number of cases from the inhalation of chloroform, whilst none had resulted from ether, he thought the latter should be preferred to the former.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 27, 1865.

THE AMERICAN MEDICAL ASSOCIATION.

We learn, with pleasure, from the *Boston Medical and Surgical Journal*, that the arrangements for the meeting of the American Medical Association are complete, and that everything gives indication of a pleasant and profitable meeting. It is to be hoped that the different committees will come to the meeting fully prepared with their reports, and that these will be of positive value to the profession.

We understand that a large delegation is going from this city. Some of the delegates propose going by sea, in a steamer that leaves here on Saturday, June 3d, arriving in Boston on Monday evening, June 5th. This will be a very pleasant and economical way of making the trip.

We shall send a phonographic reporter to the the meeting, who will furnish us with a full report of the proceedings, from which will be prepared a correct summary for our columns.

The Association has contributed many valuable communications to the profession, through its Transactions, and it should be made the medium of all that transpires throughout the country that is of interest to the profession. A complete medical history of the year should appear in each published volume.

To accomplish this end, the most admirable arrangement that we know of is the Standing Committee of the Medical Society of New Jersey. A committee is appointed, representing each section of the State, one of whom is named as Chairman. It is his duty to collect the reports from the other members of the committee, and collate from them a medical history of the State for the year. The Committee of the Association on Climatology and Epidemic Diseases should pursue such a course. The Permanent Secretary might be constituted the Chairman of this Committee, receive the reports from the other members, and collate them. This report should be published with the Transactions, and the reports on which it is based should be carefully filed away. In this way, a vast amount of material that has hitherto been published in extenso, will appear in a condensed form, and thereby save the Association much unnecessary expense, and be of more benefit to the profession.

The President of the Association, Dr. N. S. Davis, of Illinois, is chairman of a committee on Revision of the Plan of Organization, and we believe he will make such suggestions as will greatly enhance its usefulness. There are some things that suggest themselves to us in which the organization might be improved. 1. The place of meeting should be permanent, or nearly so. 2. The President should be chosen by open nomination and ballot. 3. The Permanent Secretary should receive a liberal salary. 4. There should be certain prescribed conditions of membership, on compliance with which a degree should be conferred, and delegates should be selected only from those who are members. 5. The representation should be more limited. As at present constituted, it makes the Association unwieldy. 6. The annual assessment should be increased, or some other plan adopted to increase the income.

The subject of specialties will probably come before the Association on a report from Dr. Hornberger, of New York. On this there will doubtless be much difference of opinion. To our mind, there are strong objections to the practice of specialties. Men who take to one idea are very apt to become narrow-minded. There is danger of giving undue importance to local symptoms, while the real cause of the difficulty may lie in a distant organ. Specialists are almost always strongly inclined to press their superior qualifications, etc., on the notice of the public in objectionable and unprofessional ways. Still, it must be admitted that there are strong arguments in favor of a well-regulated practice of specialties. The chairman of the committee, himself a specialist, will doubtless set these forth in their strongest light, and so many Boston physicians are given to the practice of specialties, that he is likely to be well supported, if, as we suppose he will, he advocates such practice.

We anticipate a pleasant and profitable meeting of the Association, and regret exceedingly our inability to attend this year.

REPORTS OF SOCIETY MEETINGS.

We would call attention to Dr. Clark's excellent communication, giving an outline of the proceedings of the Medical Society of the State of Indiana, at its recent meeting in Richmond, and commend his example to others for imitation. Such communications benefit the general reader, and have an especially beneficial effect on the society and the profession of the state or county whose proceedings are thus published.

Notes and Comments.

Heavy Fall of Rain.

On Sabbath last, *three inches* of rain fell in this city, and a very large amount on the previous day. The influence of such a fall of rain on the health of the city at this season will be excellent. The houses, back-yards, alleys, and streets had a thorough washing, and the clean appearance of the city on Monday was very pleasant, and suggestive of health. We trust that the municipal authorities will follow up the good example thus set them, and *keep* the city clean. If they do, we will have little cause to fear Siberian Plagues, Cholera, Typhus, or other epidemic diseases.

In the U. S. Service.

Of the Alumni of the Department of Medicine and Surgery of the University of Michigan, two hundred and fifty-three are known to have entered the military service of the United States. Of these, eight are reported to have died in the service.

Of the Alumni of the Albany Medical College, two hundred and twenty-one are known to have entered the U. S. service.

Rebel Documents.

All the papers and other documents comprising the mortality rolls of the Surgeon-General of the so-called Confederate States, were abandoned by Dr. Moore, Surgeon-General, at Charlotte, North Carolina, and were captured by the Federal authorities. They have been sent to the War Department.

Correspondence.

DOMESTIC.

Medical Society of Indiana.

Editor Med. and Surgical Reporter:

The State Medical Society of Indiana, met in Franklin Hall, Richmond, Ind., at 2 o'clock, on the 16th inst, and was called to order by the Vice-President, Dr. Wilson Lockhart, now Superintendent of the Indiana Hospital for the Insane. The attendance was larger than for several previous years, and a lively interest was manifested by those present in the progress of Medical Science.

In the first session two papers were read on Cerebro-spinal Meningitis—one by Dr. Houghton, the other by Dr. Kersey, both of Richmond. An animated discussion followed and continued till the hour of adjournment Most of the speakers considered the disease in question as a blood-poison, and its prominent symptom in the early stage an intense congestion of the cerebro-spinal membranes. Dr. Houghton thinks it arises from the same origin as typhus and typhoid fevers, and differs principally in the local lesion. The treatment recommended was stimulants, tonics, and support. Some recommended anti-zymotics as the sulphate of lime. Some considered the whole subject of the disease, its pathology, and treatment, as still an unexplored region. In the evening the Society, with the public, assembled to hear the Presidential Address. This was by Dr. Lockhart, and was a most able and eloquent production, abounding in happy metaphors and ennobling sentiments. The Society then adjourned to the Huntington House to partake of a sumptuous entertainment prepared for them by the Wayne County Medical Society. All things were done decently and in order, and there was one feature of this supper worthy of commendation and imitation, viz: *Not a drop of intoxicating liquor was furnished. This was worthy of the Quaker City of the West.*

On the 17th, met at 9 o'clock, A. M., and had a very able paper from Dr. Broner, of Lawrenceburg, on Atresia Vaginæ, followed by another on the Liver, by Dr. Hibberd, of Richmond. The essayist took radical ground on this subject, declaring the whole subject of the liver, its diseases, etc., a *terra incognita*,—discountenancing the use of mercury, and proving that bile was not excreted by the human system, and that the so-called bilious evacuations of summer diarrhœas are not colored by biliverdin but hematin—and so of jaundice. In short, while admitting that this huge gland manufactures some four pounds of bile a day, with a considerable quantity of sugar, he yet maintained that we are as ignorant of its pathology and therapeutics as of the pancreas. This paper was severely handled by the "*old fogies*," but ably defended by the author and Dr. Woodworth, of Fort Wayne. The latter produced a paper on Epidemic Dysentery, at Fort Wayne, in which he treated 95 cases without mercury—losing two. In the afternoon we had a valuable paper from Prof. Parvin, of Cincinnati, on Pelvic Cellulitis, and a report on Spurious Vaccination, by Dr. Waring, of Richmond. The transactions will be published at an early day.

Resolutions of sorrow for the assassination of the President, and the death of Prof. Mott, were passed unanimously, and the Society adjourned to meet next year in Indianapolis. May its shadow never grow less. D. Clark, M. D.

Indianapolis, 6th mo. 22, 1865.

News and Miscellany.

Test for Rum.

Mix a little of the rum to be tested with about a third of its bulk of sulphuric acid, and allow the mixture to stand. If the rum is genuine, its peculiar odor remains after the liquid has cooled, and even after twenty-four hours' contact, may still be distinguished. If, on the contrary, the rum is not genuine, contact with sulphuric acid promptly and entirely deprives it of all its aroma. The author affirms that he had never found this very simple process fail, and that all spurious rums may thus easily be distinguished from the genuine.—(*Report. de Pharmacie & Chem. News.*)

The Llewellyn Memorial.

The memorial to the memory of David Herbert Llewellyn, late surgeon of the Confederate *Alabama*, was last week erected in the parish church, Easton, Wilts. It may be remembered that this gallant man refused to imperil the safety of the wounded when the *Alabama* was sinking by taking a seat in the boat with them, and went down with the ship amid the balls of the Federal *Kearsarge*. The east window, of Gothic architecture, in the perpendicular style, is filled with stained glass, the centre compartment representing the birth of Christ, and the Crucifixion, with the Ascension in the quatrefoil. The side lights have figure subjects; the Good Samaritan, Christ walking on the water to save the sinking Apostle Peter, Christ healing the sick, the Apostles at the Beautiful Gate of the Temple, and Faith, Hope, and Charity in the tracery. The monument consists of a handsome black marble slab of pyramidal form, upon which is placed a Latin cross in white marble, of prominent size; at the foot rests a naval anchor and cable, with shot of varying sizes. Leaning against the side of the cross is the wand of Æsculapius, and beneath an entablature with the inscription.—*Wiltshire Independent.*

Conservatism in Austria.

The heads of the Vienna University are highly conservative—that is, have a strong taste of the paternal government under which they hold office. We lately referred to their determination of not holding the five-hundredth anniversary of the University on the proper day, because that day was unpleasant, on political grounds, to political authority. We now find that they have excluded the name of Virchow from the list of celebrities, on whom they have decided to bestow the honorary title of Doctor. Virchow is a Berlin Liberal, and, besides this, offended the medical pride of the Viennese doctors by telling them, on one occasion, that they did not find the trichina, because they did not know how to look for it.—*Brit. Med. Journal.*

Vaccination in the Prussian Army.

During 1864, there were vaccinated, or revaccinated, 69,560 soldiers in the Prussian army. Of these, 59,396 had distinct, and 7,265 indistinct marks, and 2,899 no mark at all, of previous vaccination. The results of the vaccinations were, 43,596 regular, 10,505 irregular pustules, and in 15,459 no pustules at all. Of the latter kind, on revaccination, 4,897 succeeded, and 10,392 were followed with no results. From this it appears that, in 69,560 men, the vaccination produced regular pustules in 48,493, or in about 70 per cent.—*Ib.*

Odontological Society of Philadelphia.

We subjoin an extract from the *Dental Cosmos*, stating that, "at the monthly meeting of this society held on the 6th inst., Mr. T. Bate produced two specimens (teeth) found in a Roman cemetery during the excavations at Plymouth—the one showing, he said, that the ancients two thousand years ago were liable to suffer from toothache caused by decay; the other showing that in the development of teeth at that time the same laws seemed to hold good, as were occasionally found now—namely, that the premolar was retained after the other teeth were developed. He regarded them as objects of antiquarian interest rather than physiological. Mr. Ramsay brought the patient he had introduced at the previous meeting, in order that the Society might judge of the progress of the case—one of cleft palate. He said the boy had practically worn the instrument only since the 18th ult.; but, notwithstanding his short practice, had much improved in his articulation. The boy read a few lines, and the President and others expressed their satisfaction at his progress. After a short discussion, Mr. Ramsay promised to read a paper explaining his method of treatment at the Society's meeting in May. Mr. Bate mentioned a question put to him by Dr. Darwin, whether any dentist had seen a third deciduous molar, and if so, whether such a case was ever known to be hereditary. The President said he had seen three bicuspids on one side of the lower jaw; but he had no knowledge of the previous history. The thanks of the Society were accorded to the authors of the papers, and the meeting adjourned."

There were four hundred and fourteen students in the Department of Medicine and Surgery of the University of Michigan during the session just closed, of whom fifty-one graduated.

Epidemic Years.

The *British Medical Journal*, in commenting upon the annual report of the Scottish General Register Office says: "This report, which is for the year 1861, shows, among other things, the light which may be cast by the returns upon the question, whether epidemic diseases are contagious or not. From the time when the Registrar-General for Scotland opened his books on January 1st, 1855, and began to register the death and the mortal disease of every one whose breath departed in Scotland, the wave of zymotic disease (scarlatina, hooping-cough, small-pox, typhus, and the rest) was gradually rising, and covering the country like a storm; in England it attained its *maximum* in 1858, but, taking nearly a year in travelling, the *maximum* was not attained in Scotland until 1859. In 1861 it had subsided, and the deaths from the zymotic class of disease fell to about a fifth of the total mortality. Now the Scottish returns show that in the non-epidemic year 1861, the mortality from zymotic disease bore substantially the same proportion to the entire mortality in town and in country, in the crowded and in the rural population; and the conclusion drawn is that in ordinary years epidemic diseases are not, any more than other diseases, propagated by contagion. In 1861 the total deaths in towns in Scotland were to the total deaths in the insular districts nearly as five to three. It is argued that these latter are no more propagated by contagion, to any appreciable extent, than bronchitis or consumption or rheumatism. On the other hand, in epidemic years diseases of the zymotic class appear to be largely propagated by contagion. The year 1859 was notably an epidemic year in Scotland; in that year if the deaths from zymotic diseases in the town districts had borne the same proportion to the total deaths as in the insular districts, 460 persons in every 100,000 would have been cut off by this class of diseases in the towns; but in fact, 689 deaths occurred, very much more than the regular proportion due to a town's increased mortality. The same fact was nearly as strongly shown in 1860, also an epidemic year; so that in epidemic years the zymotic class of diseases appears to propagate or spread not only by virtue of their unknown epidemic or endemic constitution, but also to a very large extent by means of contagion, or, in other words, when zymotic diseases assume the true character of epidemics, they become capable of being propagated by contagion. Indeed, it has been often observed that the diseases termed epidemic, of whose propagation by contagion not a trace appears for a considerable period, seem in other years to change their nature, so that they not only spread by reason of their unknown epidemic agency, whatever that may be, but also to a considerable extent by contagion. It will be noticed, however, that the present observation is of town populations in the aggregate, without any separation into classes living under avoidable unhealthy conditions, and classes subject to no known unfavorable influence except density of population.

Fossil Remains of the Elephant of Malta.

The explorations of Dr. Adams among the cave deposits and alluvial soil of these islands have been lately crowned with such signal success that we think the public would be glad to be made acquainted with the leading facts. It will be remembered that Captain Spratt, the indefatigable and learned hydrographer of the Mediterranean, was the first to bring to light the remains of the remarkable fossil elephant of Malta (*elephas melitenis*) by his explorations in the Zebbug Cave, in 1859. Since that time Dr. Adams has been unremitting in his exertions to discover more traces of this extinct species, and has been fortunate enough to find them in many new localities in Malta. He has just met with its teeth in great quantities in a cavern near Crendi. In another gap, evidently at one time the bed of a torrent, he has found the teeth and bones of thirty more individuals. These skeletons of old and young elaphants are met with, jammed between large blocks of stone in a way that clearly shows that the carcasses must have been hurled into their present situation by violent floods or freshes. He has now brought together almost the complete skeleton of this wonderful little representative of an order of quadrupeds, to which we had, until the fossil Maltese elephant appeared, applied the word gigantic. There can be no doubt, however, that it scarcely exceeded a small pony in height. We hope that Dr. Adams will give a detailed account of his highly interesting discoveries to the scientific world.—*News and Library.*

Effects of Tobacco on the Mental Powers.

M. Bertillon, in the *Union Médicale*, March 9, supplies some interesting facts in relation to the effects of tobacco on the mental powers, derived from an investigation made at the Polytechnic School in 1855–56. He investigated in 160 of the pupils who had undergone their examination, what influence the fact of their having been smokers had upon the results. As large a proportion as 102 of these pupils were smokers. It was found that in the classification by merit which followed the examinations that, while in the highest series a third or fourth of the pupils were smokers, in the lower series three-fourths and in the lowest series four-fifths were smokers. Again, while among 66 confirmed smokers their mean rank of 94.5 on their entrance into the school had sunk to 98.3, in the case of the 60 pupils who were not smokers their rank of 71 on entrance (already 23 ahead of the smokers) rose to 67.7—being, as the result of nine months' work in common, 30 in advance of the smokers. This result of the inquiry as regards these limited numbers was conformable to the prior experience of the school.

Respiration of Plants.

The researches of M. A. Cahours, in *Comptes Rendus*, have led him to the following conclusions: 1. All flowers left in a limited atmosphere of normal air consume oxygen and produce carbonic acid in proportions varying as the flower is scentless or not. 2. The circumstances under which the phenomenon takes place being identical, the

proportion of carbonic acid increases as the temperature is raised. 3. Generally, with flowers from the same plant and of equal weight, the quantity of carbonic acid produced is rather greater when the apparatus in which the experiment is performed is exposed to the light than when it is in darkness; but the proportion is, nevertheless, sometimes the same under either condition. 4. When the normal air is replaced by pure oxygen the differences become much more marked. 5. Buds produce rather more carbonic acid than fully developed flowers, which is explicable by the greater vitality of the buds.—6. Flowers left in inert gas disengage small quantities of carbonic acid. 7. Finally, the pistil and stamens, which possess the greatest vitality of any part of the flower, consume the greatest quantity of oxygen and produce the largest proportion of carbonic acid.

The Medical Congress of Bordeaux.

The prospectus of this Congress has been published. It will commence on the 2nd of October next, and will last six days. Medical gentlemen who intend to take part in the same, should intimate their wish to the Secretary, Dr. Dubreuilk, Rue Victor No. 1, at Bordeaux. Resident members pay 10 francs; to non residents is made no charge. The committee are anxious to give freedom and animation to the congress, and leave to members the choice of subjects. Six questions, however, will be specially brought forward; they are as follow:—1. On Rheumatism. 2. On Expectation in Disease. 3. On the Malignant Forms of Furuncle and Anthrax. 4. On Sudden Death in consequence of Wounds, or in the Puerperal State. 5 On the Abolition of Turnstiles (for Foundlings,) in a moral and social point of view. 6. On the Internal and External Parasites of Man, and the best means of destroying them. Intended communications should be sent (*in extenso* or in abstract) to the secretary before September 2d. The admission will be free to the public; none, however, but the members who have organized the congress, and those who have signified their intention to attend, can take part in the discussions.

DIED.

Barnes.—At Paterson, N. J., on Tuesday, May 16, Sarah L., wife of Dr. Orson Barnes, and daughter of Charles Danforth, Esq.

Gardiner.—At Bridgehampton, N. Y., on Thursday morning, May 11, Mary E. Osborne, wife of John L. Gardiner, M. D., aged 39 years.

Greenwood—In New York, on Sunday evening, May 14, Isaac J. Greenwood, M. D., in the 70th year of his age.

Horner.—On the 21st instant, at the residence of her parents, in this city, Josephine Edmonds, daughter of Dr. G, B. and Mrs A. G. Horner, in the 12th month of her age.

Mitchell.—In this city, on Saturday, the 18th instant, Dr. Thomas D. Mitchell, in the 74th year of his age.

Since 1858, Dr. Mitchell, has held the position of Professor of Materia Medica and Therapeutics very acceptably, in the Jefferson Medical College.

Small.—In East Livermore, Maine, May 7th, Israel C., son of Dr. W. B. and Mrs. C. C. Small, aged 17 years.

Stites.—At Millerstown, Perry Co., Pa., April 26th, 1865, Miss Emma M., daughter of Dr. Samuel Stites, aged 18 years, 5 months, 18 days.

Jewell.—On the morning of the 22d instant, Mrs. R. L., wife of Dr. Wilson Jewell.

Thornton.—Entered into rest, at Moorestown, N. J., on the morning of Saturday, May 20th, Mary, relict of the late S. C. Thornton, M. D.

OBITUARY.

Dr. Charles E. Washburne, of Fredonia, N. Y., Surgeon of the 112th Regiment N. Y Volunteers, fell a victim to malignant typhus fever, contracted, while giving his personal care and attention to the returned Union prisoners at Wilmington, N. C., Since December last, he had been Medical Director of Ames' Division of Gen. Terry's command. Whilst in this position he volunteered his services and personal aid in behalf of the poor loathesome sufferers from the prison pen at Andersonville. He died on the 10th April, in the cars between Goldsboro' and Wilmington, North Carolina.

Dr. Washburne was a graduate of Amherst College, studied his profession in New York, under Drs. Mott and Post, and received his degree from the New York Medical University.

Few better educated physicians were in the army, none of a warmer patriotism. He fell a martyr for his country, and human freedom, a victim to the malignity of Southern traitors, just as his sorrowing wife was rejoicing in the prospect of his speedy return. Dr. Washburne, was a sincere, active, zealous Christian, ever working in his Master's cause. The Christian graces formed the solid basis of his character.

Those who knew him best, reverenced him for the humanity of his impulses, the depth and earnestness of his convictions, and the true nobility of his nature. He was content to do his whole duty in whatever position Providence assigned him, and to leave results to God. The Chaplain of his regiment, and the Surgeons with whom he was associated in the army, all with one accord bear witness to his generous self-sacrificing spirit, and to the promptness, efficiency, and faithfulness with which he labored as a surgeon to alleviate physical suffering, and as a Christian to speak words of counsel, consolation and hope to the sick and dying.

ANSWERS TO CORRRESPONDENTS.

Dr. J. N. P., Washington, D. C.—"Nunnely on Erysipelas," sent by mail, May 19th.

Dr. E. T. B, Stephensburg, N. J.—Tilt's Elements of Female Hygiene, and Rigby's Diseases of Females, sent by mail, May 18th.

Dr. H. F. W., Preston, Md.—L. and B's Visiting List, sent by mail, May 18th.

Dr. J. G. Y., Gloucester, N. J.—"Our Young Folks," sent through publishers, May 20th.

METEOROLOGY.

May	15,	16,	17,	18,	19,	20,	21.
Wind	S. W.	S.	S. W.	N. E.	N. E.	S. E.	S.
Weather	Clear.	Clear.	Clear.	Cl'dy, Rain.	Cl'dy.	Cl'dy, Rain.	Cl'dy, Rain, T. & L.
Depth Rain				3-10			3 in.
Thermometer.							
Minimum	54°	55°	58°	65°	58°	53°	63°
At 8 A. M	67	70	74	65	57	68	67
At 12 M	75	76	79	65	61	72	68
At 3 P. M	76	78	82	63	61	76	68
Mean	68	69.75	73.25	64.50	59.25	67.25	66.50
Barometer.							
At 12 M	30.5	30.3	30.1	30.1	30.2	30.1	29.8

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 13, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.